

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

Full Name (Last, First, Middle Initial)

A. Mohegan Tribe

Mailing Address 5 Crow Hill Rd.

City
UncasvilleState
CTZip Code
06382Purpose of Disbursement
Refund of excessive contribution

Candidate Name

☐ 010
Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D10569

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	7	

Amount of Each Disbursement this Period

400.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Stephen A. Schwarzman

Mailing Address 345 Park Ave. 31st Fl.

City
New YorkState
NYZip Code
10154Purpose of Disbursement
Refund of excessive contribution

Candidate Name

☐ 010
Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D10851

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	7	

Amount of Each Disbursement this Period

400.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Stephen A. Schwarzman

Mailing Address 345 Park Ave. 31st Fl.

City
New YorkState
NYZip Code
10154Purpose of Disbursement
Refund of excessive contribution

Candidate Name

☐ 010
Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D10852

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	7	

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

4100.00